



**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services**

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Michael F. Easley, Governor
Dempsey Benton, Secretary

Michael Moseley, Director

January 2, 2008

MEMORANDUM

To: LME Directors
State Psychiatric Hospital Directors
ADATC Directors

From: Mike Moseley 

Subject: Regional Referral Form for Admission Authorizations to a State Psychiatric Hospital/ADATC

Attached is a new statewide Regional Referral Form, DMH 1-73-00 (Rev 12/07), which is effective February 1, 2008. This will replace all previous forms used to authorize State psychiatric hospital or Alcohol and Drug Abuse Treatment Center (ADATC) bed days. Local Management Entities (LMEs) are responsible for approving authorizations and providing the authorization number to the state psychiatric hospital or ADATC. Therefore, although individuals other than LME staff may be completing the form, it is the responsibility of LMEs to ensure that the form is accurate and submitted in the timeframes required.

The current form in operation for State psychiatric hospitals is DMH Form No. 1-73-00 (Rev 6/03); each ADATC has been using its own referral forms. This statewide form may not be modified in any way by LMEs, state facilities or any other referring entity. Input for the revisions and procedure language for this form has been developed over the past 12 months via meetings with LMEs in each State psychiatric hospital region, State psychiatric hospital staff and directors, and ADATC staff and directors, with additional review from members of the Division's Provider Action Agency Committee (PAAC).

DMH/DD/SAS ASPR# SOS-101, State Psychiatric Hospital Bed Day Allocations and Authorization of Bed Days accompanies this form and should be referred to for usage of this form for authorization of bed days at State psychiatric hospitals. Although it may be impractical to have all information filled out on the form for authorization, LMEs should make every effort possible to ensure that all information available is included on the form before a bed day authorization is made. LMEs should ensure to the best of their ability that any missing information that applies is sent to the admitting facility within one working day of the patient's admission. LMEs should educate providers about the form and the importance of including comprehensive and accurate information on the form before an authorization for bed days is approved. Please note that patients with Axis II diagnoses of mental retardation or a developmental disorder must have the proper exception paperwork completed per SB859 before an authorization can be made and accepted by a facility.



Usage of this form does not change the existing bed day authorization policy. Bed days to be authorized using this form are adult, adult long term, geriatric, child, adolescent and ADATC bed days. Refer to the existing bed day policy for bed day authorization time frames and other requirements.

Appropriate use of this form is crucial to the success of approving state psychiatric hospital and ADATC care and provides a mechanism for monitoring inappropriate authorizations. Please contact Lena Klumper of our State Operated Services Section at Lena.Klumper@ncmail.net or 919-855-4700 if you have questions regarding the form or accompanying instructions.

cc: Secretary Dempsey Benton
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